CLINICAL PRACTICE

Mitigating the effects of COVID-19 on nurse recruitment and retention in a hospital setting

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ABSTRACT

Providing inpatient treatment to those with COVID-19 requires both a sufficient number of nurses and nurses who are highly skilled and clinically competent to provide complex care. The result of an increase in both demand and acuity of patient care needs has highlighted the awareness and urgency of the ongoing nursing shortage. Reviewing the challenges of recruitment and retention identified interventions appropriate for this new healthcare environment and provided the opportunity to implement novel ones. This article describes the experience and interventions implemented at a Magnet® designated acute care facility located in Midwestern United States. Viewing this crisis as an opportunity to assess, develop, and be innovative allows hospitals to continue to provide exemplary care, even when non-modifiable conditions exist.

Key Words: COVID-19, recruitment, retention, Magnet®, administration

1. INTRODUCTION

Prior to the COVID-19 pandemic, the World Health Organization (WHO)[1] declared 2020 as the Year of the Nurse and Midwife. As a result of the inability to host celebratory events, in September 2020, Dr. Hans Henri P. Klung,[2] the Regional Director of the WHO, extended this declaration into 2021. This campaign aims to recognize the critical contributions nurses make to the provision of healthcare and global health. Once the pandemic started its devastating roll across the United States, the healthcare work environment became challenging – especially for nurses. Prior to the pandemic, a shortage of nurses existed, along with the challenges of job retention. The pandemic intensified both variables. This article describes the research and site-specific data associated with both topics, and interventions developed and implemented at a Magnet® status, community based, 451 bed licensed acute care facility located in Midwestern United States.

Magnet® designation is a recognition status awarded from the American Nurses Credentialing Center (ANCC)[3] upon successful demonstration and documentation of strength and quality of the nursing care provided and the care environment in which nurses practice. Data from the ANCC website[4] indicates that, in 2020, there were 523 hospitals in the United States that had Magnet® status. Research by Marrone and RazZak[5] and White[6] correlate a Magnet® designation to increased success for both recruiting and retaining nurses. Research data does highlight that Magnet® designated hospitals have 5% fewer falls,[7] 21% fewer pressure ulcers,[8] and a 14% reduction in mortality rates[9] when compared to non-Magnet® hospitals. Results from a synthesized review of the literature performed by Rodriguez-Garcia and associates[10] evaluated the effect Magnet® status has on recruitment and retention. Positive nurse-related outcomes,

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as identified by these authors, specific to recruitment include better work-environments, staffing levels, and nurse-patient ratios. Additionally, nursing students often seek employment at Magnet® designated facilities based on faculty messaging and/or the positive work environments experienced during clinical experiences in these clinical sites.[11] Despite the competitive edge for recruitment for a Magnet® designation, anecdotal evidence indicates that these facilities do not deviate too far from the standard means of retention and vacancy rates.

1.1 Recruitment

The ability to recruit persons into the profession of nursing is the result of a variety of factors. In 2006, West, Griffith, and Iphofen[12] describe public image distortion and negative work environments as major impediments for the profession. The cyclic nature of the shortage of nurses correlates to a negative impact on the practice environment, retention, and the ability to recruit nurses.[13] Data from Buerhaus and associates[14] support these perceptions, while adding the aging workforce and declining enrollment as additional impediments. While specific variables may be attributed to each nursing shortage period, the aging workforce and declining enrollment are specific to today.

According to Peter McMenamin of The American Nurses Association (ANA),[15] there will be more registered nurse jobs available through 2022 than for any other profession in the United States. In its Employment Projections 2019-2020 report, the Bureau of Labor Statistics (BLS)[16] identified nursing as one of the top occupations in terms of job growth through 2029. The BLS anticipates a 7% growth rate, or the need for an additional 221,900 nurses between 2019 and 2029 as a result of increased demand, and an additional 175,900 nurses each year, through 2029, to replace retirements and workplace exiting nurses.

Data from Nursing Solutions Incorporated (NSI©)[17] were accessed to describe nursing staffing patterns. In its 2020 report, survey data from 162 healthcare facilities located throughout 42 states were used to describe the workplace of nurses employed specifically in hospital settings. Despite reports that 59% of the surveyed hospitals planned to increase their nursing staff during 2020 – a 14.2% increase from 2019, the turnover rate, specifically for nurses that are direct care providers, decreased 1.3% between 2019 to 2020, to 15.9%. This minimal decrease in the turnover rate fails to provide sufficient incentive to cease recruitment activities.

The nurse vacancy rate in the United States continues to be of concern and currently stands at 9.0% which is a full point higher than it was in 2019.[17] At this healthcare facility, there have been many recruitment strategies employed to fill vacancies for growth in full time equivalents (FTE) and/or replacement of vacated FTE. Many of the strategies have been targeted to new nurse graduates, resulting in an influx of new hires associated with either the winter or spring commencement. Historical data reveals that 66% of vacancies at the clinical site are filled by newly licensed nurses. Recruitment strategies include serving as a clinical site for academic partners, ensuring that the students are welcomed, and providing a safe yet challenging learning environment. Receiving accreditation of the Nurse Residency Program (NRP) in 2021through the ANCC provides validation that the culture and clinical environment is supportive and meets best practice criteria for transitioning graduates to professional practice. At the clinical site, active recruitment of nurses, either new graduates or licensed nurses, focus on the specific benefits of a comprehensive pay and benefit package, supported professional development opportunities, and professional engagement strategies. These are in addition to the culture and care model assured through the Magnet® designation. Open format hiring events are scheduled bi-annually and coordinated with graduation schedules. These events provide a streamlined forum in which potential hires, using a speed-dating format, can be interviewed by nurse managers from several different clinical settings and identify areas of interest. In 2020, all aspects of this event were held virtually, in response to COVID-19 restrictions. Additionally, educational funding is offered to present employees enrolled in schools of nursing, and referral bonuses were provided for present employees identifying nurses who accept hard to fill direct care positions. These activities resulted in a recruitment of 144 new nursing hires during 2019 and 200 in 2020. Of these, 207 (60%) were newly graduate nurses.

When the labor market tightens, data[17] describe hospitals bridging the gap through the use of authorizing agency/travel staff (70%), utilizing overtime (69%), flexing the internal staffing pool (58%), and offering critical staffing/premium pay (57%). While necessary, each of these interventions are costly and temporary. While infrequent, converting agency/traveling staff to employees at this healthcare facility does occur. Realizing that adequate staffing is routine and when the specific unit of interest has an opening makes becoming an employee appealing.

1.2 Retention

Retaining nurses, specifically those that provide direct patient care, has always been a challenge for the profession. While nursing shortages have spiked throughout the years, the presence of COVID-19, and its associated workload, workplace safety, and uncertainty resulted in new and/or

exacerbated controllable and uncontrollable variables. Employee separation variables are commonly classified in national nursing benchmarks, such as those tracked and reported through the National Database of Nursing Quality Indicators® (NDNQI®),[18] as those within the scope of the employer to ameliorate (controllable), or those the employer has little sway over (noncontrollable). For example, pay and/or workload are considered controllable whereas family obligations and/or retirement are considered noncontrollable. Attaining Magnet® status correlates to lower levels of job dissatisfaction, burnout, and a decrease in intent to leave.[19] Research demonstrates less bullying and hostile behaviors that occur in Magnet® designated hospitals, as reported by Budin and colleagues,[20] provide a supportive culture, which has a preventative effect on retention.

Prior to the pandemic, nurses who experienced burnout were leaving the workforce at an exponential rate. In 2019, the term "burnout" was added to the WHO's International Classification of Diseases (ICD)[21] as an occupational phenomenon. According to the ICD, burnout is a "syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed." (n.d). It is characterized by three dimensions: energy depletion or exhaustion, increased mental distance or feelings of cynicism related to one's job, and a sense of ineffectiveness and lack of accomplishment. Around the same time burnout was being added to the ICD, studies concluded that approximately a third of all nurses in the United States were suffering from some form of this newly defined disease. This was before the onset of a global pandemic. Today, the number of nurses employed in the United States that report symptoms related to burnout has risen to 62%.[22]

Data from NSI©[23] report a turnover rate of 14.9% in 2019, which increased to 16.6% in 2020. For the Northcentral region of the United States, where the healthcare organization is located. Nurses, specifically those providing care in hospital settings, encounter daily stressors associated with compassion fatigue and burnout.[24] Research has identified psychological challenges experienced by direct care providers, such as witnessing the prolonged suffering of patients whose suffering they are unable to alleviate. Previous research has identified and described the post-traumatic stress disorder among rescuers of the 2010 earthquake in China.[25] In addition, normal procedures associated with transferring patients between care units or allowing family members to be present beyond visiting hours when death is imminent were not possible. These sources of stress are novel to COVID-19.

This supports the premise that nurses are at a higher risk for the negative consequences of suicide, poor mental health, and physical health issues. The specific variables associated with COVID-19 include the ease of transmission and the lack of immunity, delayed testing, limited protective equipment, and the unrelenting pressure on the healthcare system and personnel associated with the uncertainty of preventative measures.

Exit interview data from 2019[23] identify (a) personal reasons, (b) career advancement, and (c) as relocation has the top three reasons why an RN resigns. In descending order, (d) salary, (e) retirement, (f) scheduling, (g) commute/location, (h) education, (i) workload/staffing, and (j) and immediate management encompass the top 10 reasons for resigning. Exit interview data from 2020[17] identified (a) career advancement, (b) personal reasons, and (c) relocation as the top three reasons why an RN resigns. In descending order, (d) salary, (e) retirement, (f) scheduling, (g) workload/staffing ratios, (h) immediate management. (i) commute, and (j) benefits encompass the top ten reasons for resigning. These data do not identify COVID-19 as a specific resignation variable, and personal reasons remained in the top three explanations for leaving, yet workload/staffing ratios moved from the ninth to the seventh declared motivator for resigning.

While allusive, and unable to be peer-reviewed, several news outlets have reported nurses resigning from their hospital-based position as a result of the impact COVID-19 has had on their work environment.[26,27] At this acute care facility, COVID-19 has increased attrition among experienced nurses. Exit interview data from the eight nurses who resigned in March, April, and May of 2020 included COVID-19 among the reasons, but not the primary reason, for resigning. Thus, this pandemic is an uncontrollable variable for retention.

2. Local initiatives

At the clinical site, additional shifts and longer working hours were initially used to compensate for the decrease in staffing and parallel increase in patient census. Modified staffing was implemented which included the use of teams to provide care to a specific population. Administrators were redeployed to direct care provider roles where possible. Agency/travel staff were utilized when available to supplement nurse availability. Each of these interventions were leveraged during the initial 12-month period of the pandemic, resulting in an estimated cost of $4,000,000.00 to the healthcare organization.

Nursing administrators provided consistent clear communication to all personnel, on all shifts, detailing the challenges and the interventions planned to address the need. Increased presence of administrators provided a safe environment for staff nurses to disclose their feelings of anxiety, stress, and

being overwhelmed. "Team Lavender" interventions, which consist of work-place specific intentional acts of kindness, were utilized to identify nurses in distress and offer peer-to-peer support by staff specially trained in psychological first aid and other debriefing/de-escalation communication and strategies.[28] These concerns were taken seriously, with staff assignments and scheduled amended when able. Community support for healthcare personnel included letters and banners, which provided emotional support, and meals, delivered to each unit, provided physical support. Adequate personal protective equipment (PPE) was always available, eliminating the possibility of having to provide care unprotected, or with subpar equipment.

While the nursing shortage, workplace burnout, and job dissatisfaction among nurses in general was present prior to the pandemic, media coverage specific to the workplace environment, stress, and workload has increased awareness of the situation. Despite this, results from a routinely-performed nurse satisfaction survey at this acute care facility achieved scores higher than the national benchmarks in four domains (Nurse Manager/Ability, Leadership & Support of Nurses, Access to Professional Development, Fundamentals of Quality Nursing, and Adequacy of Resources & Staffing). The contribution of each nurse from all clinical settings has been acknowledged. Included in the Nursing Annual Report of 2020 is a message from the Chief Nursing Officer detailing the efforts, resilience, and strengths of the nurses employed at the facility. Sharing her gratitude and admiration provided a framework for continuing to provide exemplary healthcare when any challenge arises.

3. Discussion

Uncertainty with respect to the trajectory of the COVID-19 virus inhibits the ability to know when these new sources of stress will go away. Many experts[29] posit that if immunity lasts less than a year – as is typical with other coronaviruses – we could experience annual surges in COVID-19 infections over the next several years. Like this pandemic, it's becoming increasingly clear that burnout among our health care workers is not a one-time phenomenon, but rather, a new normal that if gone unchecked will have significant impacts on our current population of health care workers, as well as our ability to attract the next generation.

The administrators at this healthcare facility have been deliberate in participating in internal and external after-action reviews to determine how to increase agility and flexibility. This will enhance the ability to react to future environmental healthcare challenges, especially when the scenario is non-modifiable. Policies and guidelines will be developed and implemented focusing on the re-education, cross-training, and mobilizing strategies for nurses and other healthcare professionals that have not provided direct patient care for more than one year. A team nursing care crisis-focused delivery model was developed, with policies describing how and when to deployed it if/when a surge in the need for critical care is experienced. Rapid on-boarding of experienced nurses and/or re-training will be facilitated by newly developed web-based education that can safely and efficiently be done remotely.

4. Conclusion

According to Arundhati Roy, "COVID-19 is a portal, and we have the choice to decide what we leave behind. Now is the time we acknowledge that the normalization of suffering in nurses is unacceptable, and together we need to create work environments that enable all nurses to thrive in the new post-pandemic world."[30] While the present pandemic has been unprecedented, it may also serve as a wake-up call for foundational movement. The profession of nursing has met previous challenges and successfully navigated prior healthcare crises. While unwanted, this does provide the opportunity to implement changes that will enhance the health of our patients while continuing to demonstrate the value of nursing.

Conflicts of Interest Disclosure

The author declares that there is no conflict of interest.

References

[1] Klung HHP. Declaration of the Year of the Nurse. Available from: https://www.youtube.com/watch?v=CZ4wBl1C2mU

[2] Klung HH. Year of the Nurse extended to 2021. American Nurse Today. 2021; 16(1): 30

[3] American Nurses Credentialing Center (AACN). Magnet Designation. 2021. https://www.nursingworld.org/organizational-programs/magnet/December

[4] American Nurses Credentialing Center (AACN). Magnet status. Available from: https://campaignforaction.org/resource/number-hospitals-united-states-magnet-status/(n.d.)

[5] Marrone SR, RazZak RA. Comparison of Hospital Nursing Website Design Between Magnet and Non-Magnet Hospitals: Impact on Staff Nurse Recruitment Time. Online Journal of Nursing Informatics. 2016; 20(1): 2.

[6] White L. The value of ANCC's Magnet Recognition Program®: A

CNO's perspective: Reap the benefits of retention, innovation, and a safe workplace. American Nurse Today. 2018; 13(9): 36-38.

[7] Lake ET, Shang J, Klaus S, et al. Patient falls: Association with hospital Magnet status and nursing unit staffing. Res Nurs Health. 2010; 33(5): 413-425. PMid:20824686 https://doi.org/10.1002/nur.20399

[8] Ma C, Park SH. Hospital Magnet Status, Unit Work Environment, and Pressure Ulcers. J Nurs Scholarsh. 2015; 47(6): 565-573. PMid:26474091 https://doi.org/10.1111/jnu.12173

[9] McHugh M, Kelly LA, Smith HL, et al. Lower mortality in Magnet hospitals. J Nurs Adm. 2013; 43(10 Suppl): S4-S10. PMid:24022082 https://doi.org/10.1097/01.NNA.0000435145.39337.d5

[10] Rodríguez-García MC, Márquez-Hernández VV, Belmonte-García T, et al. Original Research: How Magnet Hospital Status Affects Nurses, Patients, and Organizations: A Systematic Review. Am J Nurs. 2020; 120(7): 28-38. PMid:32541337 https://doi.org/10.1097/01.NAJ.0000681648.48249.16

[11] Rodríguez-García MC, Márquez-Hernández VV, Granados-Gámez G, et al. Magnet hospital attributes in nursing work environment and its relationship to nursing students' clinical learning environment and satisfaction [published correction appears in J Adv Nurs]. 2021 Apr; 77(4): 2114. J Adv Nurs. 2021; 77(2): 787-794. PMid:33210802 https://doi.org/10.1111/jan.14629

[12] West EA, Griffith WP, Iphofen R. A historical perspective on the nursing shortage. Medsurg Nurs. 2007; 16(2): 124-130.

[13] Sigma Theta Tau. Facts on the nursing shortage in North America. 2020. Available from: https://www.sigmanursing.org/why-sigma/about-sigma/sigma-media/nursing-shortage-information/facts-on-the-nursing-shortage-in-north-american.d.

[14] Buerhaus PI Skinner LE Auerbach DI Staiger DO. Four Challenges Facing the Nursing Workforce in the United States. Journal of Nursing Regulation. 2017; 8(2): 40-46. https://doi.org/10.1016/S2155-8256(17)30097-2

[15] American Nursing Association (ANA). ANA health care economists on the nursing shortage outlook. Available from:https://www.nursingworld.org/practice-policy/workforce/nursing-shortage-outlook/

[16] Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Registered Nurses, at https://www.bls.gov/ooh/healthcare/registered-nurses.htm February 18, 2021. Accessed August 30, 2021.

[17] Nursing Solutions, Inc (NSI). NSI 2020 national health care retention & RN staffing report. Available from: https://nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf March 2020 Accessed August 30, 2021.

[18] National Database of Nursing Quality Indicators (NDNQI). National database of nursing quality indicators. https://www.health-links.me/web/ndnqi.html

[19] Kutney-Lee A, Stimpfel AW, Sloane DM, Cimiotti JP, Quinn LW, Aiken LH. Changes in patient and nurse outcomes associated with magnet hospital recognition. Med Care. 2015; 53(6): 550-557. PMid:25906016 https://doi.org/10.1097/MLR.0000000000000355

[20] Budin WC, Brewer CS, Chao Y, et al. Verbal abuse from nurse colleagues and work environment of early career registered nurses. J Nurs Scholarsh. 2013; 45(3): 308-16. PMid:23627991 https://doi.org/10.1111/jnu.12033

[21] World Health Organization (WHO). WHO – IDC WHO's International Classification of Diseases (ICD). "Burn-out an "occupational phenomenon": International Classification of Diseases". WHO. 28 May 2019. Accessed August 15, 2021.

[22] American Nurses Association (ANA). Pulse on the nation's nurses COVID-19 survey series: mental health and wellness. Available from: https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/mental-health-and-wellness-survey-/ANA

[23] Nursing Solutions Inc (NSI). NSI 2019 national health care retention and RN staffing report. Available from: https://pdf4pro.com/amp/cdn/2019-national-health-care-retention-amp-RN-staffing-report

[24] Alharbi J, Jackson D, Usher K. The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. Journal of Clinical Nursing. 2020; 29(15-16): 2762-2764. PMid:32344460 https://doi.org/10.1111/jocn.15314

[25] Kang P, Lv Y, Hao LU, et al. Psychological consequences and quality of life among medical rescuers who responded to the 2010 Yushu earthquake: A neglected problem. Psychiatry Research. 2015; 230(2): 517-523. PMid:26476590 https://doi.org/10.1016/j.psychres.2015.09.047

[26] National Broadcasting Company (NBC). Why some nurses have quit during the coronavirus pandemic. Available from: https://www.nbcnews.com/news/us-news/why-some-nurses-have-quit-during-coronavirus-pandemic-n1201796

[27] National Public Radio (NPR). 'It's so much worse then before.' Dread and despair haunt nurses inside LA's ICUs. Available from: https://www.npr.org/sections/health-shots/2020/12/24/945027680/its-so-much-worse-than-before-dread-and-despair-haunt-nurses-inside-las-icus

[28] Davidson JE, Graham P, Montross-Thomas L, et al. Code Lavender: Cultivating Intentional Acts of Kindness in Response to Stressful Work Situations. Explore (NY). 2017; 13(3): 181-185. PMid:28668136 https://doi.org/10.1016/j.explore.2017.02.005

[29] Centers for Disease Control and Prevention (CDC). COVID-19. Available from: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html

[30] Arundhati R. The pandemic is a portal. Financial Times. Available from: https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca